

DO NOT SEPARATE –
RETURN ALL COPIES

☐ COUNTER
☐ MAIL

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

☐ \$10.00 Each Copy
☐ \$23.00 Paternity/Corrections
from 1997 to present

TODAY'S DATE		ENCLOSED \$ _____ IN _____ FOR _____ CERTIFIED COPIES <small>AMOUNT CASH, CHECK, ETC # OF COPIES</small>									
CHILD'S FULL NAME AT BIRTH		FIRST		MIDDLE				LAST			
DATE OF BIRTH	MONTH	DAY	YEAR	PLACE OF BIRTH	TOWN OR CITY			COUNTY	HOSPITAL		
FATHER'S NAME	FIRST	MIDDLE			LAST			PLACE OF BIRTH	STATE OR COUNTRY		
MOTHER'S MAIDEN NAME	FIRST	MIDDLE			LAST			PLACE OF BIRTH	STATE OR COUNTRY		
RELATIONSHIP TO PERSON NAMED IN CERTIFICATE				SIGNATURE							
TELEPHONE NUMBER				ID TYPE, # & EXP. DATE (FOR OFFICE USE ONLY)							

▼ PRINT OR TYPE NAME AND MAILING ADDRESS ▼										Make check/money order payable to and mail to: Office of Vital Registration P.O. Box 2111 Phoenix, Arizona 85001 (602) 506-6805	
YOUR NAME											
MAILING ADDRESS STREET OR P.O. BOX											
CITY AND STATE ZIP CODE											
										FOR OFFICE USE ONLY	
										DATE ISSUED	
										SFN	
										RECEIPT #	
										DOC SERIAL #	

If applying in person, we are located at 1825 E. Roosevelt, Phoenix, Arizona 85006

20

DAY OF

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS

NOTARY'S SIGNATURE

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IF APPLYING IN PERSON, A VALID GOVERNMENT PICTURE ID IS REQUIRED

If mailing in your application & paying by check, a copy of a VALID GOVERNMENT PICTURE ID must be provided by the person signing; otherwise, the application may be notarized.

WARNING: False application for a birth certificate is a punishable offense.

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